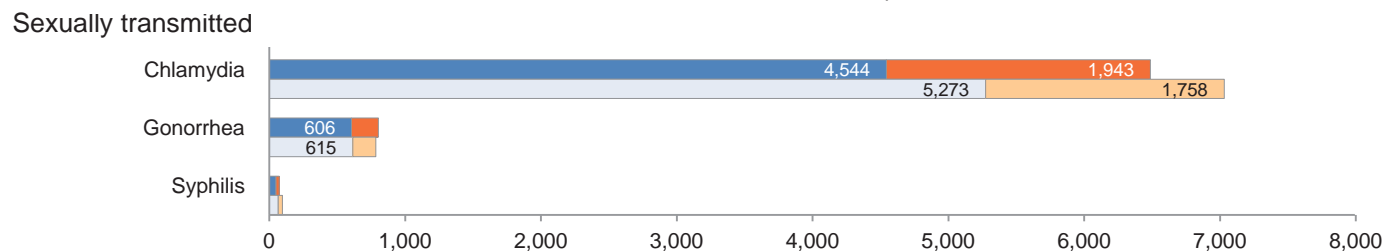
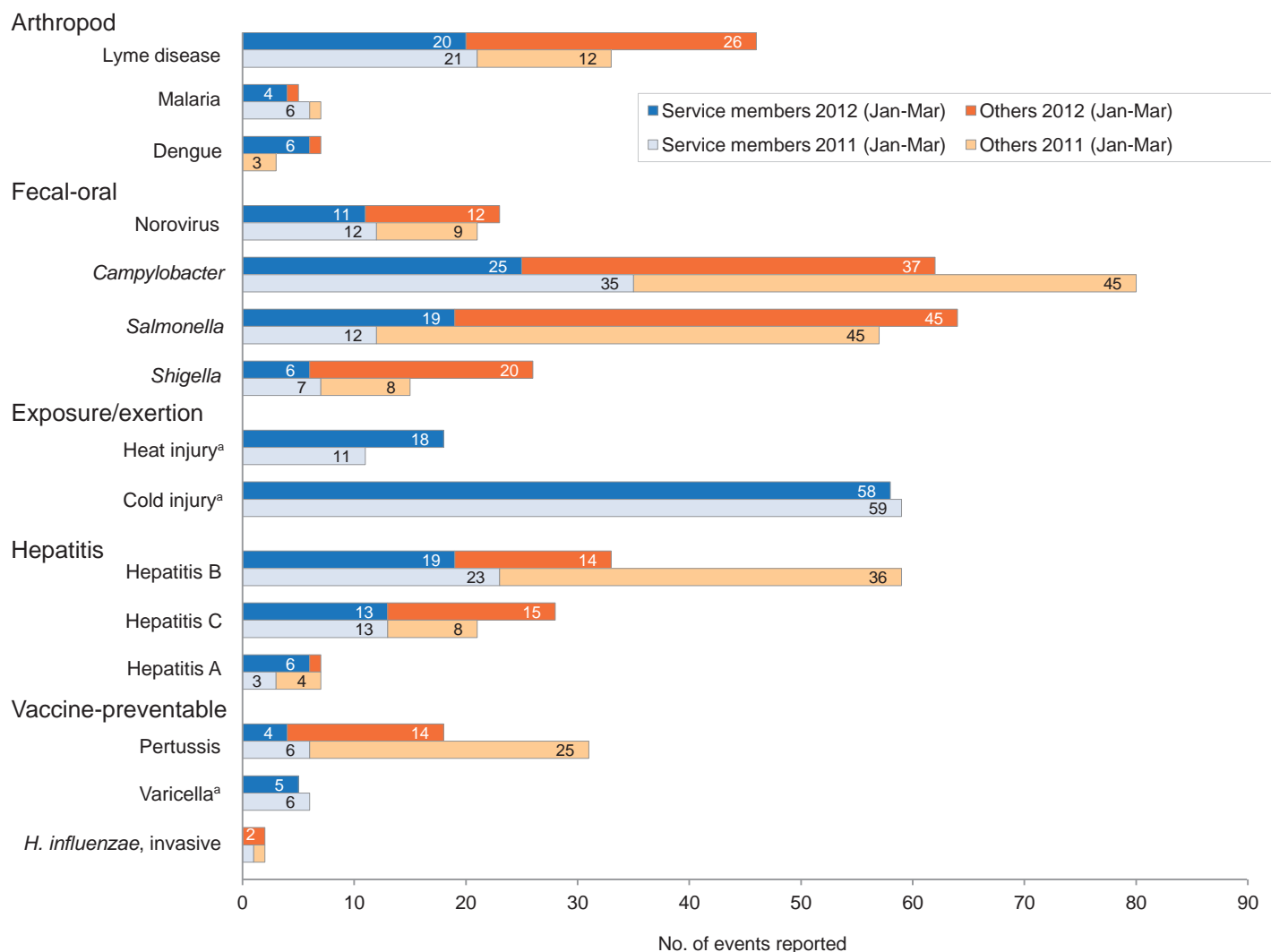


# Sentinel Reportable Medical Events, Service Members and Other Beneficiaries of the U.S. Military Health System, First Calendar Quarter, 2012 Versus 2011

Department of Defense policy mandates the reporting of cases of 67 different diseases and injuries whose occurrence may represent a significant threat to public health and military operations. The chart below depicts the numbers of cases of selected conditions which were reported through service-specific electronic reporting systems. For each condition, the bars represent the numbers of cases among service members and among other health care beneficiaries (retirees, family members) during the first quarters of 2012 and 2011.

The 18 conditions shown were selected on the basis of the frequency of their occurrence or the availability of preventive interventions. The occurrence of all reportable conditions will be summarized annually in the *MSMR*. The current reportable events guidelines can be viewed at <http://www.afhsc.mil/reportableEvents>. A new revision to these guidelines, to be called the Armed Forces Reportable Medical Events Guidelines and Case Definitions, is expected to be published in 2012.

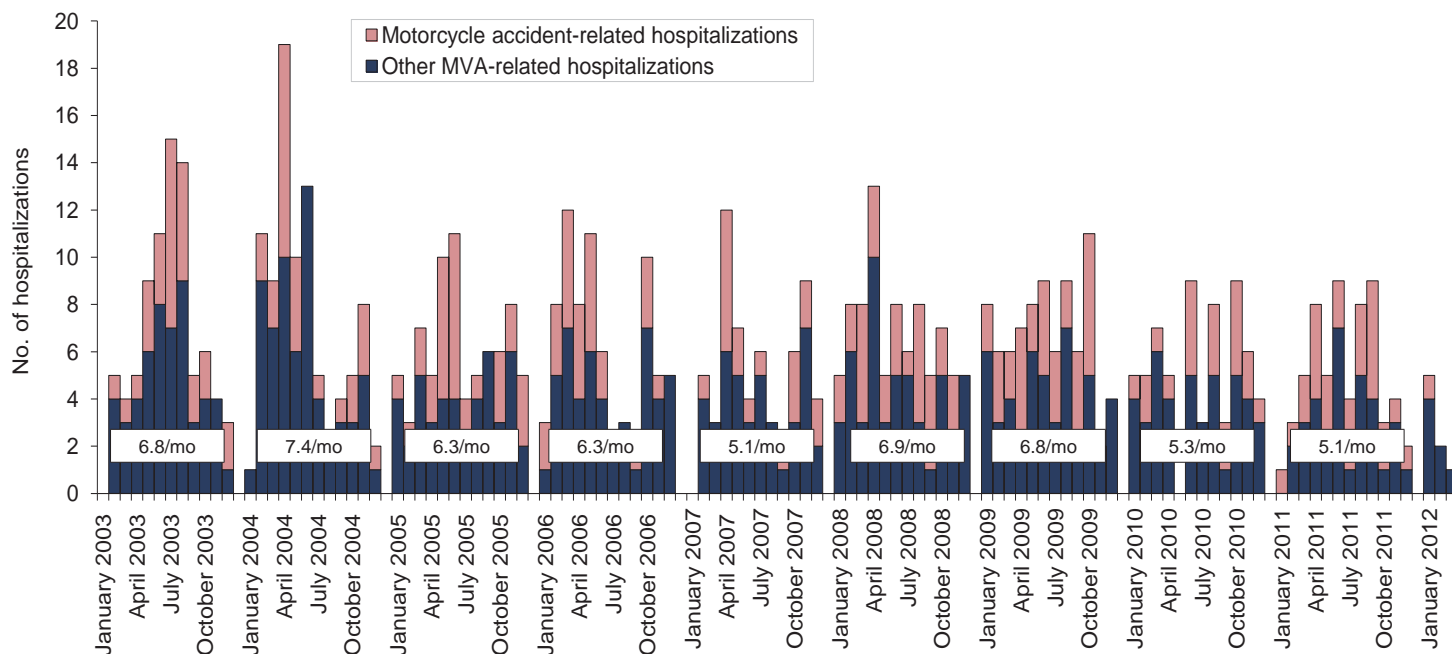


<sup>a</sup>Only service member cases are reportable

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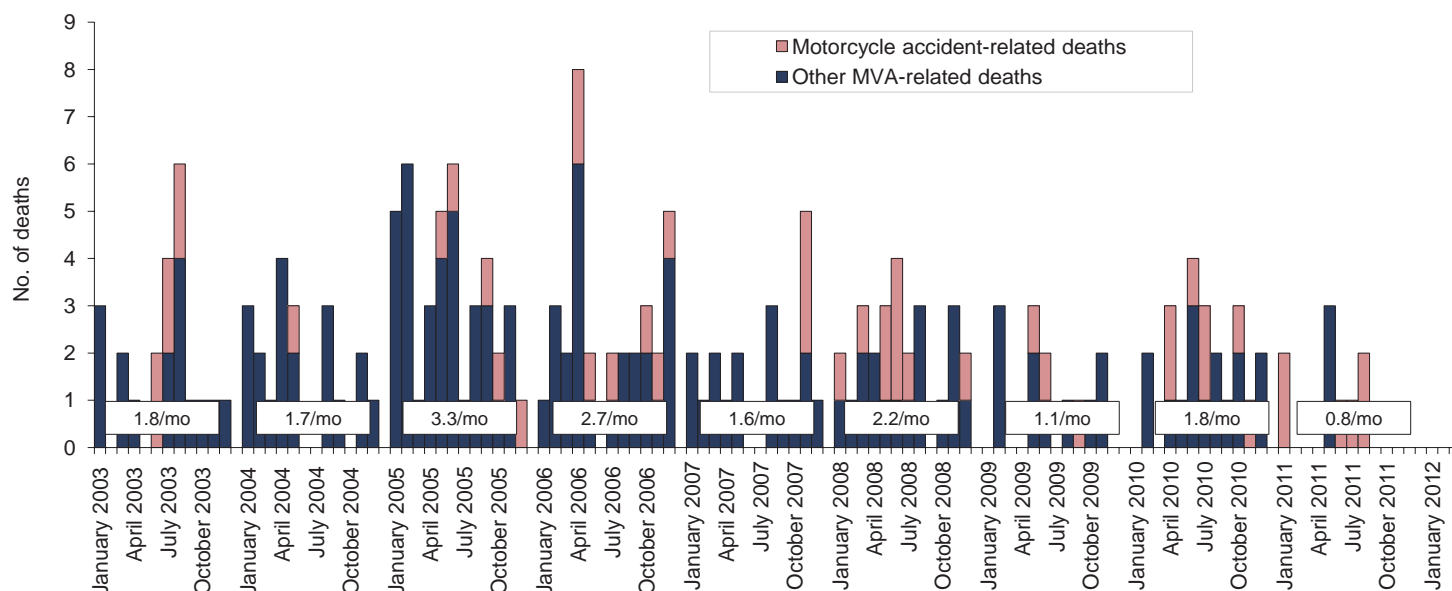
# Deployment-related conditions of special surveillance interest, U.S. Armed Forces, by month and service, March 2003 - March 2012 (data as of 1 May 2012)

Hospitalizations outside of the operational theater for motor vehicle accidents occurring in non-military vehicles (ICD-9-CM: E810-E825; NATO Standard Agreement 2050 (STANAG): 100-106, 107-109, 120-126, 127-129)



Note: Hospitalization (one per individual) while deployed to/within 90 days of returning from OEF/OIF/OND. Excludes accidents involving military-owned/special use motor vehicles. Excludes individuals medically evacuated from CENTCOM and/or hospitalized in Landstuhl, Germany within 10 days of another motor vehicle accident-related hospitalization.

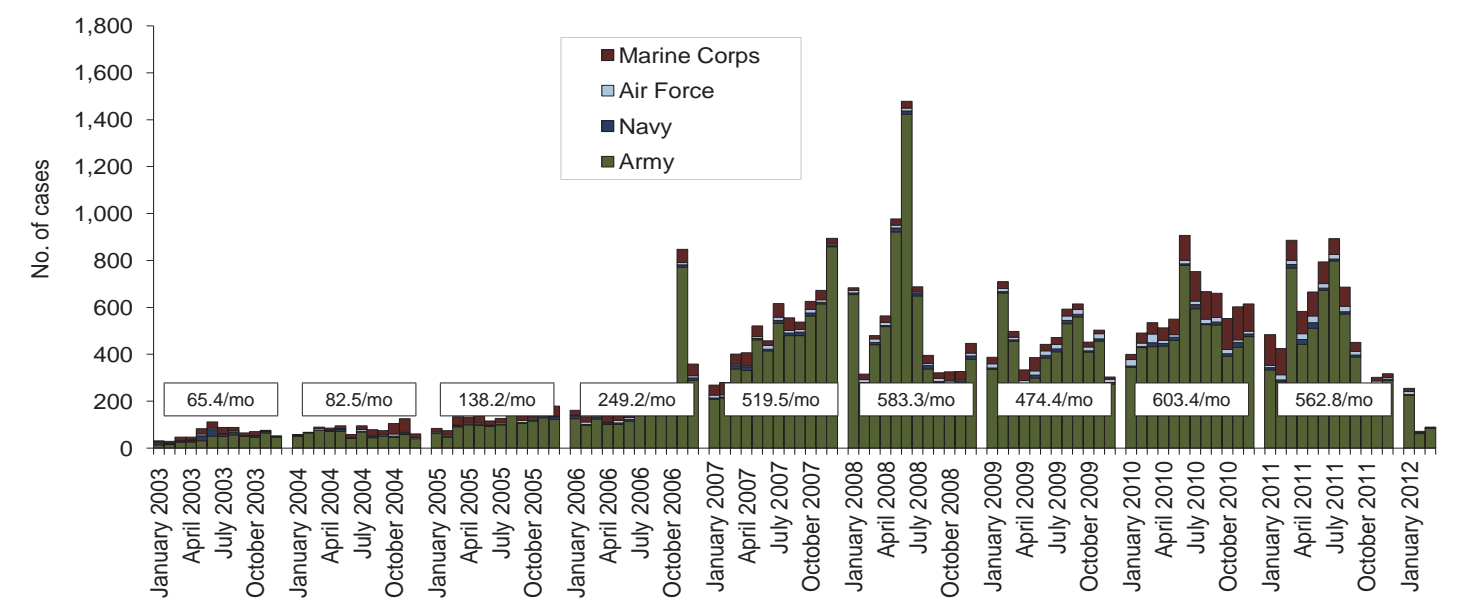
Deaths following motor vehicle accidents occurring in non-military vehicles and outside of the operational theater (per the DoD Medical Mortality Registry)



Reference: Armed Forces Health Surveillance Center. Motor vehicle-related deaths, U.S. Armed Forces, 2010. *Medical Surveillance Monthly Report (MSMR)*. Mar 11;17(3):2-6.  
Note: Death while deployed to/within 90 days of returning from OEF/OIF/OND. Excludes accidents involving military-owned/special use motor vehicles. Excludes individuals medically evacuated from CENTCOM and/or hospitalized in Landstuhl, Germany within 10 days prior to death.

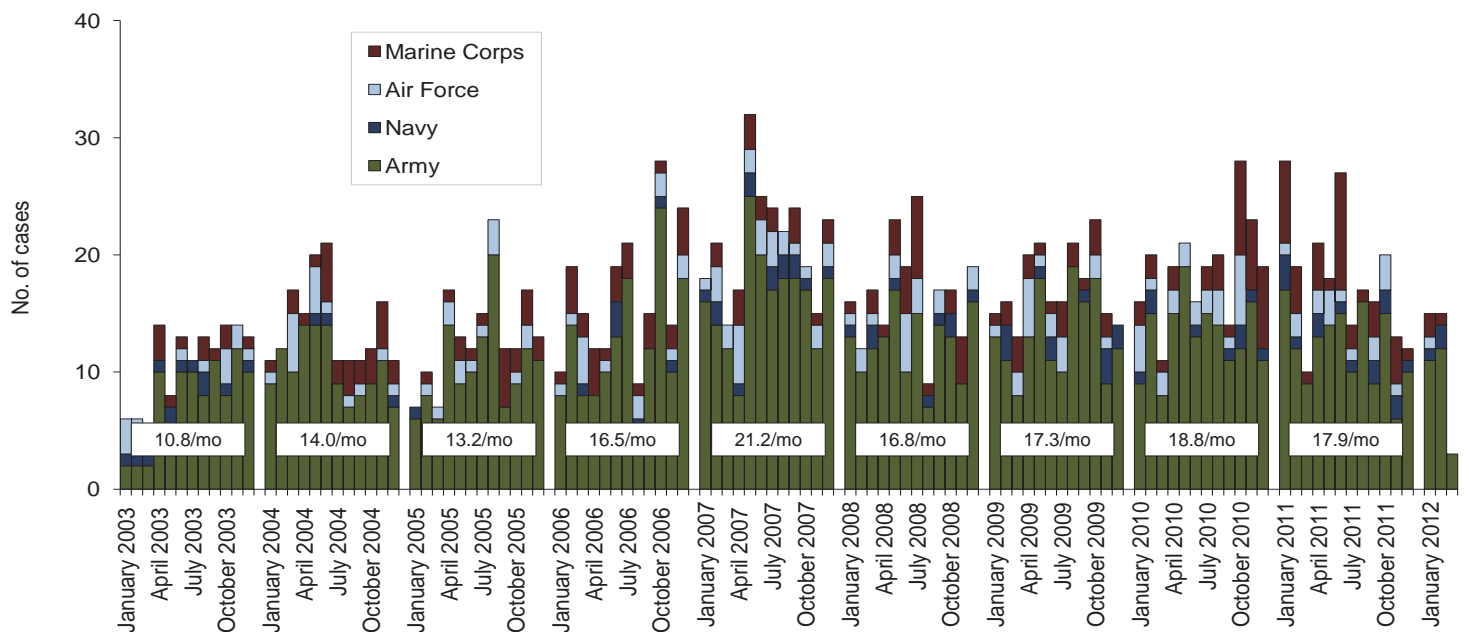
# Deployment-related conditions of special surveillance interest, U.S. Armed Forces, by month and service, March 2003 - March 2011 (data as of 1 May 2012)

Traumatic brain injury (ICD-9: 310.2, 800-801, 803-804, 850-854, 907.0, 950.1-950.3, 959.01, V15.5\_1-9, V15.5\_A-F, V15.52\_0-9, V15.52\_A-F, V15.59\_1-9, V15.59\_A-F)<sup>a</sup>



Reference: Armed Forces Health Surveillance Center. Deriving case counts from medical encounter data: considerations when interpreting health surveillance reports. *MSMR*. Dec 2009; 16(12):2-8.  
<sup>a</sup>Indicator diagnosis (one per individual) during a hospitalization or ambulatory visit while deployed to/within 30 days of returning from OEF/OIF/OND. (Includes in-theater medical encounters from the Theater Medical Data Store [TMDS] and excludes 3,513 deployers who had at least one TBI-related medical encounter any time prior to OEF/OIF/OND).

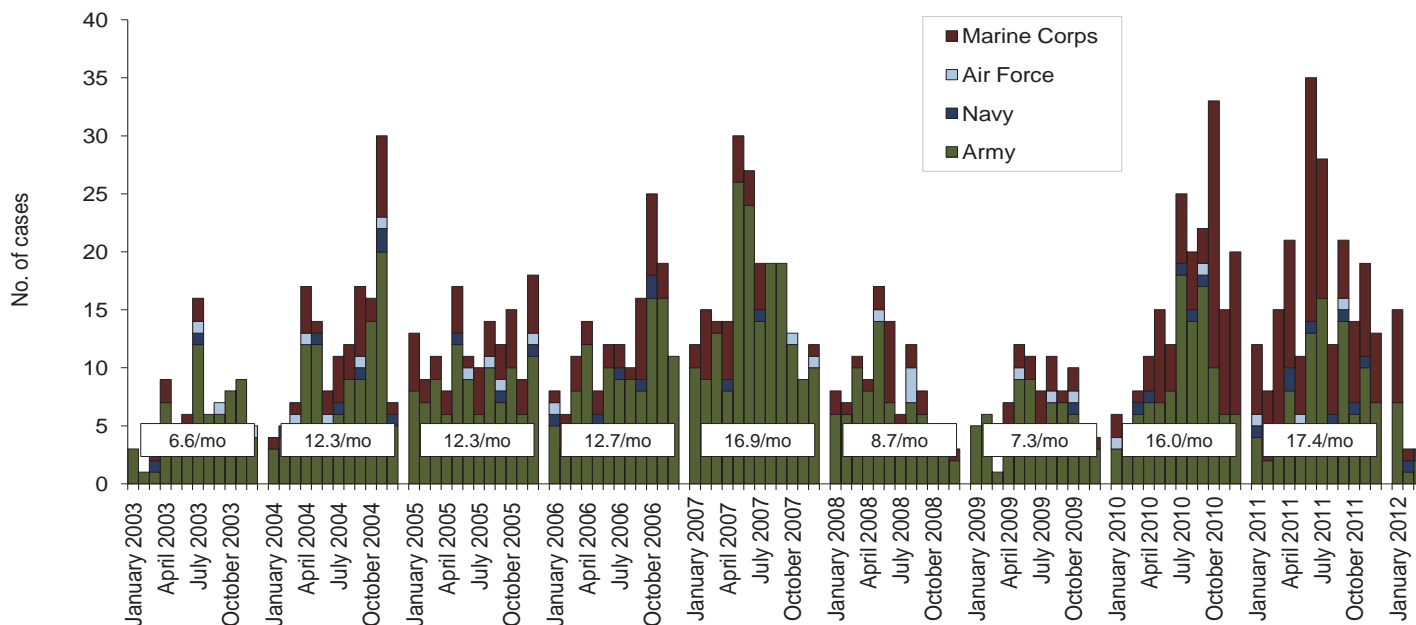
Deep vein thrombophlebitis/pulmonary embolus (ICD-9: 415.1, 451.1, 451.81, 451.83, 451.89, 453.2, 453.40 - 453.42 and 453.8)<sup>b</sup>



Reference: Isenbarger DW, Atwood JE, Scott PT, et al. Venous thromboembolism among United States soldiers deployed to Southwest Asia. *Thromb Res*. 2006;117(4):379-83.  
<sup>b</sup>One diagnosis during a hospitalization or two or more ambulatory visits at least 7 days apart (one case per individual) while deployed to/within 90 days of returning from OEF/OIF/OND.

# Deployment-related conditions of special surveillance interest, U.S. Armed Forces, by month and service, March 2003 - March 2012 (data as of 1 May 2012)

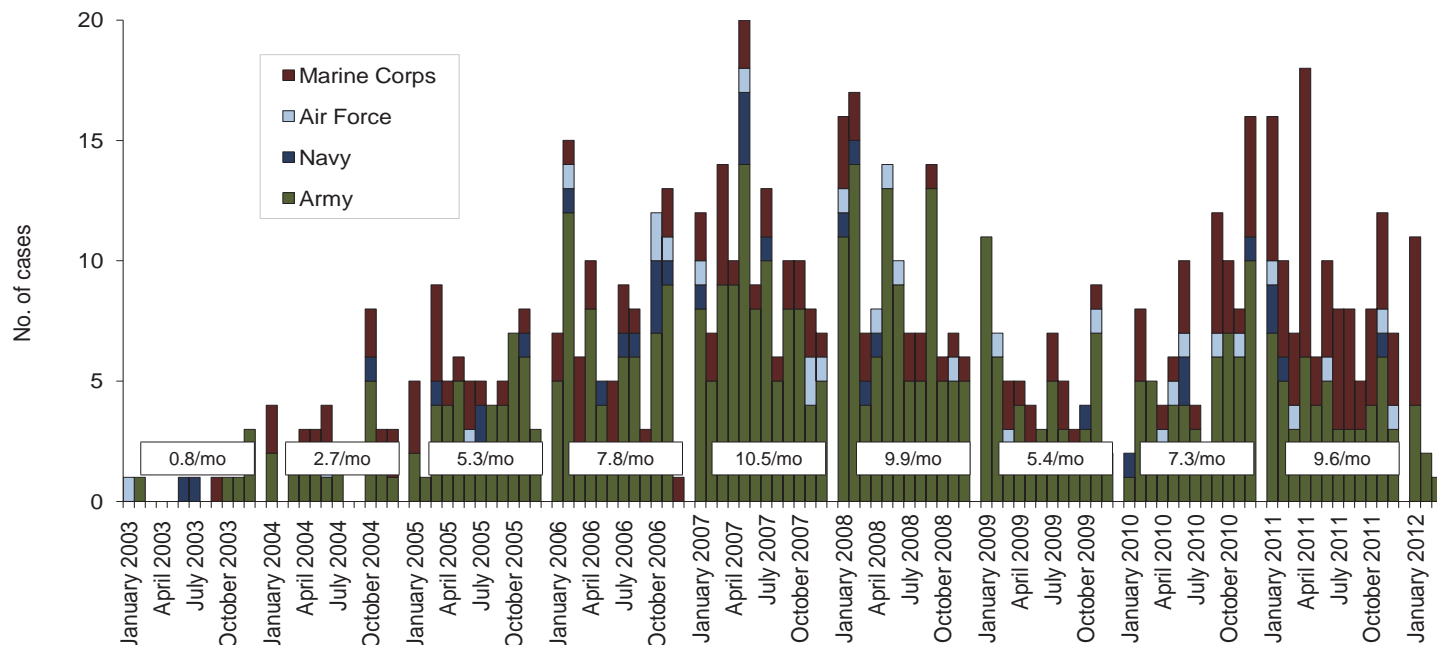
Amputations (ICD-9-CM: 887, 896, 897, V49.6 except V49.61-V49.62, V49.7 except V49.71-V49.72, PR 84.0-PR 84.1, except PR 84.01-PR 84.02 and PR 84.11)<sup>a</sup>



Reference: Army Medical Surveillance Activity. Deployment-related condition of special surveillance interest: amputations. Amputations of lower and upper extremities, U.S. Armed Forces, 1990-2004. *MSMR*. Jan 2005;11(1):2-6.

<sup>a</sup>Indicator diagnosis (one per individual) during a hospitalization while deployed to/within 365 days of returning from OEF/OIF/OND.

## Heterotopic ossification (ICD-9: 728.12, 728.13, 728.19)<sup>b</sup>



Reference: Army Medical Surveillance Activity. Heterotopic ossification, active components, U.S. Armed Forces, 2002-2007. *MSMR*. Aug 2007; 14(5):7-9.

<sup>b</sup>One diagnosis during a hospitalization or two or more ambulatory visits at least 7 days apart (one case per individual) while deployed to/within 365 days of returning from OEF/OIF/OND.